



# Qualified Hospital Calculation Sheet

**\*Breast and Cervical Cancer Program income guidelines are determined through Wyoming Breast and Cervical Cancer Early Detection Program**

**\*Former Foster Youth Applicants do not have to meet any income guidelines**

## INCOME INFORMATION

1. Compare the household size and household income to the correct PE program based on eligibility criteria from the PE Application.
2. Is the applicant eligible for PE? Yes\_\_\_\_ No\_\_\_\_
  - a. If eligible, what PE program was approved? \_\_\_\_\_
3. If not eligible for PE, give reason for denial:
 

\_\_\_\_ Over Income      \_\_\_\_ Non-Wyoming Resident

\_\_\_\_ Non-Citizen      \_\_\_\_ No Coverage Group      \_\_\_\_ Current Medicaid Enrollment
4. Denial or Approval Notice given to applicant? Yes\_\_\_\_ No\_\_\_\_
5. Did applicant sign the Rights and Responsibilities? Yes\_\_\_\_ No\_\_\_\_
6. ELIGIBLE FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ ENDING \_\_\_\_/\_\_\_\_/\_\_\_\_
7. QUALIFIED PROVIDER NAME \_\_\_\_\_  
PHONE \_\_\_\_\_
8. When complete, email to [eceligibilityunit@wyo.gov](mailto:eceligibilityunit@wyo.gov) or fax to **307-777-7085**.

Household Size	PE for Parent and Caretaker Relatives	PE for Children Age 6-18 133% FPL	PE for Pregnant Women PE for Children Age 0-5 154% FPL	5% FPL Disregard, if it will make a difference in eligibility deduct amount from applicants total income
1	\$529	\$1,415	\$1,638	\$53.20
2	\$737	\$1,911	\$2,213	\$71.75
3	\$873	\$2,408	\$2,788	\$90.50
4	\$999	\$2,904	\$3,363	\$109.20
5	\$1,192	\$3,401	\$3,938	\$127.85
6	\$1,327	\$3,897	\$4,513	\$146.50
7	\$1,515	\$4,394	\$5,088	\$165.20
8	\$1,644	\$4,890	\$5,663	\$183.85
9	\$1,843	\$5,387	\$6,237	\$202.50
10	\$1,972	\$5,884	\$6,812	\$221.20
11 or more		Add \$497 each	Add \$575 each	5% of the 100% FPL

**\*Note: The unborn child is always counted in the household size for Pregnant Women**